

12/07/05																								
UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 2000-0356 First Named Inventor or Application Identifier Joseph Thomas O'Neil Express Mail Label No. EL618317271US																						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231																						
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages 30] <i>(preferred arrangement set forth below)</i> - Descriptive title of invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings(if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 17] 4. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application(37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> <i>Signed statement attached deleting inventor(s)</i> <i>named in the prior application, see 37 CFR</i> <i>163(d)(2) and 1.33(b)</i> 5. <input type="checkbox"/> Incorporation by reference(useable if Box 4b is checked) <i>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.</i>		6. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy(<i>identical to computer copy</i>) c. <input type="checkbox"/> Statement verifying identity of above copies																						
ACCOMPANYING APPLICATION PARTS																								
8. <input checked="" type="checkbox"/> Assignment Papers(<i>cover sheet & document(s)</i>) 9. <input type="checkbox"/> 37 CFR 3.73(b)Statement <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS <i>Statement(IDS)/PTO-1449 Citations</i> 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, <i>Statement(s) Status still proper and desired</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other :																								
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No:																								
18. CORRESPONDENCE ADDRESS																								
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">NAME</td> <td colspan="4">Samuel H. Dworetzky</td> </tr> <tr> <td>ADDRESS</td> <td colspan="4">AT&T CORP. P.O. Box 4110</td> </tr> <tr> <td>CITY</td> <td>Middletown</td> <td>STATE</td> <td>New Jersey</td> <td>ZIP CODE</td> </tr> <tr> <td>COUNTRY</td> <td colspan="4">United States of America</td> </tr> </table>					NAME	Samuel H. Dworetzky				ADDRESS	AT&T CORP. P.O. Box 4110				CITY	Middletown	STATE	New Jersey	ZIP CODE	COUNTRY	United States of America			
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19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED																								
NAME Michele L. Conover		Reg. # 34962																						
TELEPHONE 908-221-5773																								
SIGNATURE <u>Michele L. Conover</u>		DATE Dec. 6, 2000																						
"Express Mail" Mailing Label Number EL618317271US			Date of Deposit 12/06/00																					
I hereby certify that this application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington D.C. , 20231																								
Ann E. Taylor <small>(Printed Name of Person Mailing Paper)</small>																								
<u><i>Ann E. Taylor</i></u> <small>(Signature of Person Mailing Paper)</small>																								

FEE TRANSMITTAL

Patent Fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity Statement, otherwise, large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT**\$1184.00**

Complete if known

Application Number**Filing Date****First Named Inventor** Joseph Thomas O'Neil**Examiner Name****Group/Art Unit****Attorney Docket No.** 2000-0356**METHOD OF PAYMENT** (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745
Deposit Account Name AT&T CORP.

Charge Any Additional Fee Required Under 37 CFR 1.16 Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

2. Payment Enclosed

Check Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	710	Utility Filing Fee	\$710.00
106	320	Design Filing Fee	
107	480	Plant Filing Fee	
108	710	Reissue Filing Fee	
114	150	Provisional Filing Fee	
SUBTOTAL (1)			\$710.00
CLAIMS	<input type="checkbox"/> New Filing <input type="checkbox"/> Amendment		
		Extra Claims	Fee from below
Total	33	- 20 =	13 X 18 = \$234.00
Ind.	6	- 3 =	3 X 80 = \$240.00
Multiple Dependent Claims			0 = \$0.00
Large Fee Code	Entity Fee(\$)	Fee Description	
103	18	Claims in excess of 20	
102	80	Independent Claims in excess of 3	
104	270	Multiple Dependent Claims	
109	80	Reissue independent claims over original patent	
110	18	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			\$474.00
* Reduced by Basic Filing Fee Paid			SUBTOTAL(3)

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name

Michele L. Conover

Reg. Number 34962

Signature

Date

12/06/00

Deposit Account User ID